•	Comment of the Commen
PLACE OF DEATH	NA STATE BOARD OF HEALTH
County of Gila BUREAU OF	F VITAL STATISTICS State Index No. 170
	RTIFICATE OF BIRTH Co. Registrar's No.
District of	Local Registrar's No.
Town ofGlobe?	
Or City of (No,	St;Ward)
Gilverto Herna	andez YES
FULL NAME OF CHILD	Alive (NO
Sex of Triplet and Number in order of birth	Legitive Birth May 21 1921 . 191 . Month Day Yr.
Full FATHER	Full MOTHER
Name	Maiden Name Anna Perez Hernandez
Simon Hernandez Residence	Residence
Globe, Arizona	Globe, Arizona. Color Age at last 27
Color Age at last 31	or Race Mexican Birthday Years
or Race Mexican Years	D' el elec
Birthplace Texas	Birthplace Mexico
Occupation Laborer	Occupation Housewife
	6 Yes
Number of Child of this Mother	iving Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE OF ATTENT	DING PHYSICIAN OR MIDWIFE*
CERTIFICATE OF ATTEM	ild; and that it occurred on May 21, 1921, at 8:45A
I hereby certify that I attended the birth of the above ch	III. and that it occurred to
When there is no attending physi- cian or midwife. the the bouseholder	Signature Attending physician midwife, householder.
should make this return	Attending physician, miliwite, nouseholder.
Given or Christian a goded from a	Address Globe, Arizona
supplemental report191. Filed	LOGAL REGISTRAR.
799-67	A True Copy A Gray
COUNT ISTRAR.	OUNTY REGISTRAR.
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or muwice the each local Registrar within 5 days after birth.